TIME RECEIVED February 14, 2022 at 4:38:35 PM EST

REMOTE CSID 2707933185 DURATION

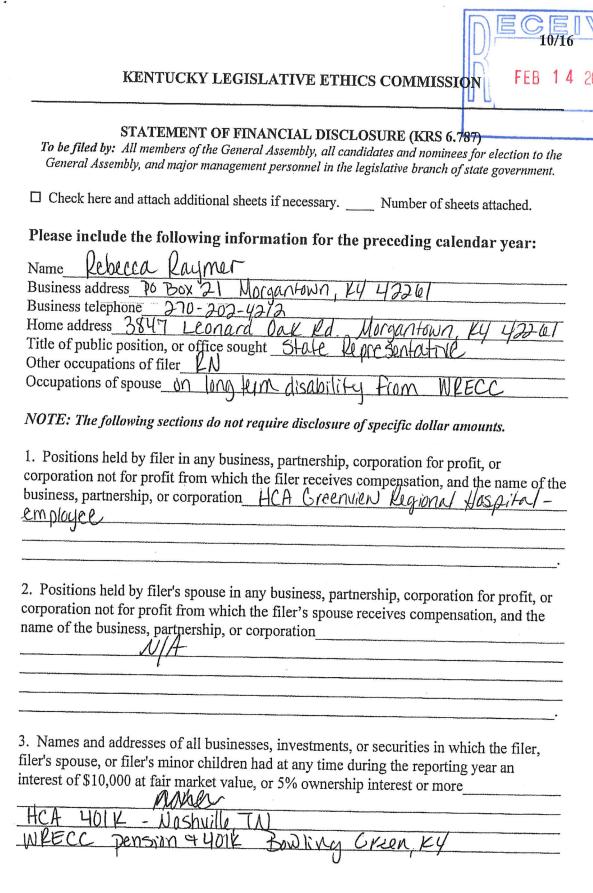
STATUS Received

2707933185

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02-14-2022



4. Sources and form of gross income of the filer (list sources by name) Salary from Breenview Regional Hospital	
5. Sources and form of gross income of the filer's spouse (list sources by name) Disability from employer (WEECC) 401 K payments	
6. Positions of a fiduciary nature held by the filer in a business	
7. A designation as commercial, residential, or rural, and the location of all real proportion of the filer's primary residence, in which there is an interest of \$10,000 or more held by the filer, filer's spouse, or filer's minor children Pure (and in Butler lounty, ky)	re
3. Sources of gifts of money or property with a retail value of more than \$200 to the for the filer's immediate family, except those from a member of the filer's family. (Fammeans spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughten-law, grandparent, or grandchild, or dependent member of the filer's household. Immediate family means unemancipated child residing in an individual's household, pouse, or a person claimed by the filer as a dependent for tax purposes.)	ily er-

9. The name of any creditor owed more than \$10,000 except debts arising from the purchase of consumer goods. (Goods used or bought for use primarily for personal, family, or household purposes)		
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10 TL		
10. 1116	e name of any legislative agent who is:	
(a) A member of the filer's immediate family;	
(b) A partner of the filer, or a partner of a member of the filer's immediate family:	
(All officer or director of the filer's employer:	
((d) An employer of the filer or an employer of a member of the filer's immediate family;	
(6	e) A business associate of the filer or a business associate of a member of the	
	filer's immediate family	
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11. The	names of any of the filer's clients who are legislative agents or employers	
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2 Ifvo	u hove held a marfarata and the	
z. II yo	u have held a professional license during the filing period, has a properly partner of yours engaged in the practice of cases or other matters which you are	
Censen		

13. If yes, list the names of the partner made an appearance. The before a specific agency.	clients represented and list the agencies before which the he filer need not identify which client was represented
Clients	
	U/A
State Agency	
-	N/A
<u> </u>	
	NOTICES
1. Upon receipt by the Commis record available for copying.	ssion, a statement of financial disclosure shall be a public
2. Any person who fails to file a a deficiency identified by the Co to exceed \$100 per day up to a n	a statement of financial disclosure or who fails to remedy ommission in a timely manner may be fined an amount not naximum total fine of \$1000.
3. Any person who files a staten false information, or to omit required misdemeanor.	nent of financial interests which they know to contain uired information, shall be guilty of a class A
2-14-22 Date	Lebeur Dagner Filer
Send completed statements to:	The Kentucky Legislative Ethics Commission 22 Mill Creek Park Frankfort, Kentucky 40601 FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.